

CITY OF GOODYEAR, ARIZONA **Request for Public Records**

Pgs.

Amt. Due

	(A.R.S. T	itie 39)		(\$.50/pg)
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Goodyear				
Name:			Date:	
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Address:		City:	State	ZIP
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(Not required unless cop	ies are to be mailed)		Phone N	0.
PLEASE NOTE: Many records are in storage and will need to be retrieved for inspections and for				
copying. Requests should allow at least four full business days for this to occur. Occasionally,				
legal review by the City Attorney may be necessary if issues of privacy or confidentiality arise.				
This may result in a bri	ef delay in providing an ap	propriate response to y	our request	:-
Indicate whether you desire to inspect or copy public records; or if you wish to have records e-mailed to				
you if available electronic		, ,		
• Inspect • Copy	E-Mail E-Mail Add	'ess:		
Specifically describe the record requested for inspection or copying:				
		-17 3		
STATEMENT OF COMM	MERCIAL PURPOSE (Mone	tary gain): Yes	• No	•
	•	,	• NO	•
If for commercial purpos	e, please indicate intended u	se:		
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